MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

N 572655
APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDMENT		CLAIVIS	AS FILED		AFTER 1" AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	<u> </u>	DEP.
1 2	 		-	-/			51						
3			1	 / 			52 53						
4	1	-	\ \	/		<u> </u>	53			<u></u>			
5			1	/			55					ļ	
6	,						56						
7					,		57		in = 0				
8							58						
_9							59				· ·		
10	ļ		<u>/</u>				60						
11	ļ						61						
12							62						
13 14			· .	1	ļ		63						
15		·					64						
16							65						
17							66 67						
18					 		68						-
19					 		69						
20						•	70		·			-	
21		m					71						
22							72						
23						***	73						
24			·				74						
25							75						
26				· ·			76				_	-	
27						-	77						
28							78						
29 30							79						
31							80						
32			-				81 82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40	<u> </u>						90						
41							91						
42							92			· ·]		
44							93						
45							94	 -					
46							a (
47							96 97						
48							97						
49				·			98					-	——
50						<u> </u>	100						
TOTAL IND.		₽	a	₽		₽	TOTAL IND.		<u>1</u>		₽		乊
TOTAL DEP.	·		9			Š	TOTAL DEP.				(a)		·
TOTAL		7		1			TOTAL						4
U.S. DEPARTMENT of COMMEDCE													32-13
F1U - 1360	(REV. 11/04))						. P	atent and Tr	ademark Offic	re		